

HAMILTON COUNTY COMMUNITY CORRECTIONS

ELECTRONIC MONITORING HANDBOOK

18104 Cumberland Road
Noblesville, IN 46060

Administration Telephone (317) 776-9760

Fax (317) 776-9764

*“Where Change is a Choice and
Accountability is a Guarantee”*

Dear Participant:

As a result of a court order, you have been placed in our Electronic Monitoring level of supervision. We both share the same goal . . . for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our Agency operates on the premise that every participant has the potential to achieve that goal. It will not be easy, your time on electronic monitoring will be filled with challenges, but we believe that you can accomplish this or the court would not have placed you in this level of supervision.

During your placement in our Electronic Monitoring level of supervision, you can expect personnel to assist in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your case plan. These services will support you and increase the likelihood of you successfully completing your sentence. This level of supervision has many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all of the required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate the desire and put forth the effort required to change your behavior.

The following material, along with the contract, outlines the rules, guidelines and behavior that are expected of you. Our personnel will explain the following information to you during the admissions process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully.

If there are any questions, do not hesitate to contact a member of our Agency.

Respectfully,

Ralph B. Watson
Executive Director

HAMILTON COUNTY COMMUNITY CORRECTIONS

Vision

As leaders in the rehabilitation of program participants we will change behaviors using innovative approaches that enhance personal growth.

Mission

We provide cost effective, treatment focused programs incorporating evidence-based practices that generate positive change in participants.

Hamilton County Community Corrections
18104 Cumberland Road
Noblesville, Indiana 46060
(317) 776-9760
FAX (317) 776-9764

ELECTRONIC MONITORING SUPERVISION CONTRACT

NAME: _____ **CAUSE #:** _____

ADDRESS: _____

PHONE: (HOME) _____ **(WORK)** _____ **D.O.B.** _____

BEGINNING DATE: _____ **PROJECTED RELEASE DATE:** _____

LENGTH OF SENTENCE: _____

CHARGE: _____ **FEL/MISD:** _____ **CLASS:** _____

CIRCLE ONE: **COP** **DIR.COM.** **VOP** **EXE. SENT.** **S.S.** **CTP** **DRUG COURT**

**SPECIFIC CONDITIONS OF ELECTRONIC MONITORING
CONTRACT**

1. I, _____, agree to comply with the special conditions stated in this contract in addition to the Standard Rules of Probation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
2. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Electronic Monitoring Disciplinary Code and Sanctions. I am subject to loss of privileges and additional sanctions as stated in the above Code.
3. I understand that while on Electronic Monitoring, I will be under the supervision of Hamilton County Community Corrections and subject to all rules and regulations of that Agency.
4. I will cooperate with and truthfully answer all reasonable inquiries of Community Corrections personnel.
5. I understand that I am not to leave my residence at any time without receiving permission to do so by Hamilton County Community Corrections.
6. I agree to remain in the interior portion of my home, within range of the monitoring equipment, with the only exceptions being: my actual work hours; my travel to and from work; appointments with the Court, Probation Department, or Electronic Monitoring personnel. In addition, I may attend regularly scheduled religious services, educational, treatment or community service programs approved by the Court and/or Hamilton County Community Corrections. I understand that it is my burden to provide written documentation immediately upon request to confirm that my absence from the home was due solely to a permissible purpose.

7. I understand that I must attend Hamilton County Community Corrections' check in as directed. I have been advised of the time and location. Also, I agree to report to the Hamilton County Community Corrections office immediately upon request, whether it be written or verbal.
8. I understand that Hamilton County Community Corrections is the only agency that may approve any schedule and/or change in schedule, and that I must seek approval at least 24 hours prior to any change, excluding weekends and holidays.
9. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by the Hamilton County Community Corrections Advisory Board. Payments will be made by cashier's check, certified check, or money order. No cash or personal checks will be accepted. Payments will be made at a time as determined by Hamilton County Community Corrections. I understand that failure to make payments as scheduled or departure from supervision with a balance of payments in arrears may result in any or all of the following:
 - A. A violation may be filed against me with the Court and/or Probation Department.
 - B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
 - C. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.
10. I agree to allow the Hamilton County Community Corrections Personnel to enter my residence at any time, without prior notice, and to make inquiry into my activities and the activities of others in the home. I agree to waive my right against search and seizure and permit Hamilton County Community Corrections or any law enforcement officer acting on behalf of Hamilton County Community Corrections to search my person, residence, motor vehicle, or any location where my personal property may be found to ensure compliance with my conditions of Electronic Monitoring. I understand that neither reasonable suspicion nor probable cause are necessary for such search to be conducted and I hereby waive any and all rights I may otherwise have relative to the search of my person or property in order to enable Community Corrections personnel to conduct routine and/or random searches of my person and property in order to ensure my compliance with all of the conditions related to my participation in Hamilton County Community Corrections Electronic Monitoring supervision.
11.
 - A. I will not consume or possess, on my person or in my home, any alcohol or controlled substance (illegal drug) unless I can prove that I have a valid prescription issued by a licensed physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have two hours from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
 - B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
 - C. I will not consume anything containing alcohol, including but not limited to, an alcoholic beverage. I will not take medication with alcohol in it (i.e., liquid cold medicine, cough syrup, or medicated mouthwashes).
 - D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
 - E. By signing this contract, I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. Any attempt to dilute, substitute, or alter a direct and immediate urine sample to mask the results will be deemed a violation. I will be responsible for the payment of the cost of said test.
12. I understand that I am not to possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission from Hamilton County Community Corrections.

13. I understand that I must have a permanent place of residence and must have approval from Hamilton County Community Corrections at least 72 hours prior to any change of residence. Further, I understand that no more than two non-relatives may visit at one time.
14. I understand that I must reside in Hamilton County for the entire term of my placement on Electronic Monitoring.
15. I understand that while on Electronic Monitoring, I will have no contact at my home with anyone on probation or parole unless granted permission by Hamilton County Community Corrections.
16. I understand that I must keep the transmitter on my ankle and ensure the transmitter remains charged.
17. I understand that I am responsible for any damage to the electronic surveillance equipment. I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. All equipment must be returned to Hamilton County Community Corrections upon termination from Electronic Monitoring supervision. If I damage the equipment or fail to return the equipment in good condition, Hamilton County Community Corrections may seek judicial review for restitution.
18. I understand that if there are any problems with the equipment, I will call Hamilton County Community Corrections during regular office hours.
19. I understand that I must have a working telephone with no special calling features for the entire term of my placement on Electronic Monitoring.
20. I agree to sign a release of information for Hamilton County Community Corrections.
21. I understand that I will not work more than two (2) jobs or no more than sixty (60) hours in any one week, unless approved by the sentencing Court. I will also be limited to working no more than six (6) days a week and twelve (12) hours a day.
22. I agree to allow the Electronic Monitoring personnel to monitor my employment hours by examining my timecards, contacting my supervisor, and conducting work site visits. I understand that I am required to provide verification of work hours upon request. Failure to do so may result in termination from Electronic Monitoring supervision.
23. I understand that I will not be permitted to work on certain holidays unless I have written confirmation from my employer that I am scheduled to work these holidays. I also understand that I will only be permitted to work these holidays if I can be contacted by telephone at my place of business.
24. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Hamilton County Community Corrections.
25. I understand that if a medical emergency arises, I must contact Hamilton County Community Corrections as soon as possible to inform the Electronic Monitoring personnel as to the nature and extent of the problem. Failure to notify this office may result in a violation being filed with the Court and/or Probation Department.
26. I understand that if during the term of Electronic Monitoring, my employment is terminated for reasons beyond my control, I may remain on Electronic Monitoring supervision as long as I begin an intensive job search which will require five (5) verifiable employment inquiries per weekday and continue in court and/or community corrections mandated treatment.
27. I understand that if I lose my job due to poor attendance (unexcused absences), use of drugs or alcohol, or misconduct, a violation will be filed with the Court and/or Probation Department.

28. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on Electronic Monitoring supervision, I understand that I am not to violate any term of a license suspension and/or any restriction of a license. I understand that I am to identify myself as an Electronic Monitoring participant to law enforcement officers.
29. I understand that violation of the order for Electronic Monitoring may subject me to prosecution for the crime of Escape under IC 35-44.1-3-4
30. I understand that Hamilton County Community Corrections can terminate my participation in this level of supervision without notice if I have any violations of the above conditions.
31. If I leave the State of Indiana, with or without permission of Hamilton County Community Corrections, I understand that I waive (give up) my extradition rights and will voluntarily return to Indiana.
32. I understand that Hamilton County Community Corrections has the authority to direct me to substance abuse treatment, school (if I don't have a high school diploma or high school equivalency [HSE]), counseling, or any other program that Hamilton County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.
33. Special Orders: _____
- _____
- _____
- _____

During my term of Electronic Monitoring, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this level of supervision and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue placement.

This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this electronic surveillance Electronic Monitoring contract as I have read and understood each term. I hereby agree to comply with all of the above rules and regulations of the Electronic Monitoring level of supervision. I further acknowledge that I have read and understood the Hamilton County Community Corrections Electronic Monitoring Program Handbook and agree to comply with all the rules and procedures set forth in it.

Participant

Date

Community Corrections Personnel

Date

Emcontract

FINANCIAL RESPONSIBILITIES

Participant's fees are calculated at the hourly rate they are currently paid at their job. Participants are required to submit paystubs from their employer to determine the hourly rate.

Participants shall pay their weekly fees in the following manner:

Fee schedule:

Daily rate	Minimum of \$12 a day, or the hourly rate; whichever is greater. If paid salary, the salary will be divided by 52 weeks and then 40 hours/ week to determine the hourly rate
Urine Screen	\$23.00 (additional costs may be incurred for specialty screens)
Moving address w/in Hamilton County	\$20
In-house treatment/ education program	\$20
CARE Assessment	\$150
Equipment charger loss or damage	\$90

1. Fees must be paid weekly during participant check-in.
2. Fees shall be paid by cashier's check, certified check, or money order. Financial transactions, other than fee payments, are not permitted between the participant and agency personnel or volunteers. Cash, personal checks, or credit/debit cards will not be accepted. A receipt will be provided upon payment.
3. If the participant has a fee arrearage, they may be required to sign a pay agreement.
4. Those who are not current paying their fees or with their pay agreement may receive a non-compliance report and may receive disciplinary action and/or be referred to the court and/or Probation Department and removed from Electronic Monitoring.
5. The agency is unable to declare a participant indigent. This can only be done by the sentencing court.

CHECK-IN PROCEDURES - (Subject to change with 5 days-notice)

1. Each participant is required to report to Hamilton County Community Corrections for a weekly check-in. Participants will be advised by their Field Services Coordinator of the date and time of check-in.
2. Weekly fees will be paid at check-in.

3. Documentation must be submitted during check-in. Documentation includes but is not limited to pay stubs, receipts, prescriptions, doctor notes, and treatment forms.
4. Participants may be asked to submit to a urine screen, breathalyzer, or search of their person.
5. Upon entering the facility for check-in, participants shall do the following:
 - a. Sign in on the appropriate Field Services Coordinator's sheet.
 - b. A schedule is to be completed in military time. The participant should also complete a schedule to take home.
 - c. Pay fees to the receptionist via money order or cashier's check.
 - d. After completing their schedules, participants will wait in the lobby until called by their Field Services Coordinator.

ELECTRONIC MONITORING FORMS

In order to assist the participant, Hamilton County Community Corrections has several forms to be used to facilitate requests. It is important that the participant use the forms correctly and in the proper manner so that the appropriate person may review the requests.

Schedule and Request Form:

Participants shall submit a proposed weekly schedule, for the following week, to their Field Services Coordinator at check-in. This schedule will include all activities the participant is requesting time outside the residence to complete. The Field Services Coordinator will review the schedule for approval. Should a schedule be disapproved, the Field Services Coordinator will work with the participant until an approved schedule is completed.

It is important that the participant places all known information on this form. Actual work hours, time leaving from and returning to the place of residence, and travel arrangements shall be placed on this form.

Dental, medical, and other personal appointments must be submitted on the weekly schedule. The participant must indicate the name, address and telephone number of the service provider. The participant must be able to provide documentation of attendance to the Field Services Coordinator.

Participants may be given up to two hours per week for grocery shopping and/or laundry at a location approved by their Field Services Coordinator. This privilege is granted, depending on the participant's individual situation.

While working, participants may go to lunch or dinner in the general vicinity of their work location.

Hamilton County Community Corrections will help assist participants in obtaining special release time for situations deemed an emergency.

Every effort should be made between the Field Services Coordinator, the participant, and the participant's employer to have the participant's work schedule available on or before the day of check-in. If this is not possible, the participant should complete the schedule as fully as possible. The participant shall contact their Field Services Coordinator with the work schedule as soon as it is available in order to complete that week's schedule. If the Field Services Coordinator is not immediately available, the participant should leave a return phone number with the receptionist. The Field Services Coordinator will return the call when they are available. A schedule is not approved until the Field Services Coordinator and participant speak with each other. The participant shall not call the emergency number for a non-emergency schedule change. Participants cannot fax or email their schedule or any schedule changes. Schedules will only be accepted in person. Changes may be accepted over the phone between check-ins.

Understanding that there are unexpected events during the week, the participant may request a schedule change from their coordinator throughout the week. The Field Services Coordinator is the only one that has the authorization to change a participant's schedule. If the Field Services Coordinator is not immediately available, the participant should leave a message for the coordinator to call them back. Leaving a message does not mean that the request has been approved. The Field Services Coordinator will return the call to the participant when available, and the request can be made at that time. The request must be submitted 24 hours prior to the desired change and must be for an unexpected activity.

Restriction Waiver:

This form is used to request additional employment hours over 60 hours a week, 12 hours a day, 6 days a week, or to work more than two jobs. Any requests by a participant should first be discussed with the Field Services Coordinator. This form is used for funeral requests and hospital visits and shall be discussed with, and submitted to, the Field Services Coordinator for these purposes.

Church Application:

The church application form must be completed and submitted at check-in. All information concerning the time and place of the church service and travel arrangements must be included on the form.

The participant's Field Services Coordinator will verify the information with the church listed on the church application form. The participant will not be permitted to attend church services until the information is correct. This application does not serve as verification of attending a church service. The participant will have to provide documentation of attending the church service during their weekly check-in.

Grievance:

A grievance may be submitted by a participant to express concerns regarding an agency policy, facility condition, personnel misconduct, or as a response to access to medical care. A participant may submit a grievance without being subject to any adverse action. In the event that the participant is unable to write, personnel shall make arrangements for the participant to express

their grievance. The grievance should be filed on a *Participant Grievance* form and placed in the “grievance box” located in the lobby.

The Director of Quality and Compliance should respond to the participant in writing within ten business days. The Director of Quality and Compliance’s response may be appealed to the Executive Director. Any such appeal must be submitted in writing within five days of receipt of the response from the Director of Quality and Compliance.

Support Group Verification Form:

A participant must have a court order stating that support group meetings are required or have had a substance abuse evaluation and treatment ordered for attendance to be approved. Verification forms are used for documentation of participation in support groups. The form must be completed in full and the participant must have the group leader sign and date the verification form. If the form is not signed or evidence of forgery and/or non-attendance is discovered, the participant may have release time reduced as well as receive a non-compliance.

Support Groups may be scheduled any day of the week; however, no meetings will be approved after 5 pm on Fridays, Saturdays and Sundays. If unemployed, a participant may only attend groups Monday through Friday before 5 pm. There will be no approval of support group meeting attendance on County-observed holidays.

Timecards and Timesheets:

Timecards are verification of the participant’s work hours. Every working participant must submit a timecard at each check-in. The participant’s Field Services Coordinator compares the times on the timecards to that of the daily summaries. Timecards shall be electronic, unless otherwise approved by the Field Service Coordinator, and are required to be signed by a supervisor.

The Employment Timesheet is to be completed and used only upon approval from the FSC should the employer not provide electronic timecards.

Administrative Hearing Appeal:

The participant has the right to appeal the decision of the Hearing Officer in writing, stating the specific reasons for the appeal, within ten working days from the receipt of the decision. All appeals should be submitted using an *Appeal* form and directed to the Director of Administration.

For an appeal to be considered you MUST demonstrate one of the following:

1. You were unable to exercise the right accorded to you as part of the hearing process;
2. The hearing officer exceeded the scope of their authority;
3. Additional evidence is available that was not at the time of the hearing.

HAMILTON COUNTY COMMUNITY CORRECTIONS ELECTRONIC MONITORING SCHEDULE AND REQUEST FORM

NAME: _____ HOME #: _____ CELL #: _____
 HOME ADDRESS: _____
 EMPLOYER (A): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____
 EMPLOYER (B) : _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____

Day/Date	Leave time	Actual time/Event	Return time	Remarks
THURS.				
				# work hours:
FRI.				
				# work hours:
SAT.				
				# work hours:
SUN.				
				# work hours:
MON.				
				# work hours:
TUE.				
				# work hours:
WED.				
				# work hours:

Total work hours for week: _____

I request to go to the following locations for the purpose of, and at the date and times indicated above. Indicate locations requested below.

1. _____
2. _____
3. _____
4. _____

Field Coordinator: _____

Date: _____

1 AM = 0100 7AM = 0700 1 PM = 1300 7PM = 1900
 2 AM = 0200 8 AM = 0800 2 PM = 1400 8 PM = 2000
 3 AM = 0300 9AM = 0900 3 PM = 1500 9 PM = 2100
 4 AM = 0400 10AM = 1000 4 PM = 1600 10 PM = 2200
 5 AM = 0500 11AM = 1100 5 PM = 1700 11PM = 2300
 6 AM = 0600 12 PM = 1200 6 PM = 1800 12AM = 0000

____ IRAS_CST
 ____ verification card received
 ____ fees paid
 ____ urine screen conducted

**HAMILTON COUNTY COMMUNITY CORRECTIONS
RESTRICTION WAIVER**

Participant Name: _____ Cause Number: _____

Start Date: _____ Est. Release Date: _____

Level of supervision: ☐ Electronic Monitoring ☐ Residential

Check all that apply:

☐ I wish to work up to _____ hours per week. ☐ I wish to work more than 6 days per week.

☐ I wish to work more than 12 hours in one day. I wish to work _____ hours per day.

☐ I wish to work at more than 2 jobs.

☐ Other (Ex: Hospital, funeral)

Explain Request:

Participant's Signature

Date

TO BE COMPLETED BY COMMUNITY CORRECTIONS ONLY

For consideration for a Restriction Waiver approval, you must have all of the below-listed requirements. A supervisor may negate one or more requirement(s) with a detailed explanation.

☐ Maintained consistent employment for at least 45 days at _____

☐ Provided consistent electronic timecards and paystubs from your current employer.

☐ Remained in compliance with program rules and guidelines with no administrative hearing guilty findings higher than a level 3 for residential and higher than a level 1 for electronic monitoring.

☐ Demonstrated an effort to pay toward their outstanding balance.

The request is:

☐ Approved ☐ Denied

☐ Approved - SUPERVISOR OVERRIDE. The participant does not meet all of the requirements, but was approved due to:

Field Services Coordinator/ Case Manager Signature

Date

Supervisor Signature

Date

Failure to maintain compliance with the above-listed requirements may result in revocation of this waiver.

CHURCH APPLICATION
Electronic Monitoring Participants Only

Note: The total time that the participant is absent from home to attend church may not exceed 3 hours.

NAME _____ FIELD SERVICES COORDINATOR _____

DATE OF REQUEST _____ DAY AND DATE GOING TO CHURCH _____

CHURCH

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

TRANSPORTATION

I will ride with: _____

Relationship to Participant: _____

Travel time required each way: _____

I will leave church at _____ and return home at _____.

Participant has been advised that verification forms are required and that Hamilton County Community Corrections may call to verify as well.

Church information telephonically verified on _____ by _____

Approved RBW 9/9/01
Reviewed 9/28/07
Revised 08/21/17

church application

**HAMILTON COUNTY COMMUNITY CORRECTIONS
PARTICIPANT GRIEVANCE**

NAME: _____ LEVEL OF SUPERVISION: _____ DATE: _____

My grievance concerns: _____ Personnel Misconduct _____ Dept. Policy/Procedure _____ Facility Condition

Explain what happened, when and who was involved or which policy/procedure is being grieved. Explain what was done and who was contacted about resolving problems. Be as brief as possible but include the necessary facts.

Signature	Date
-----------	------

SUGGESTED REMEDY

--

GRIEVANCE RESPONSE

Date Received _____ Date of Response _____ Signature _____

Your complaint is returned because

- | | |
|---|--|
| <p>_____ It is not a grievable issue.</p> <p>_____ You requested to withdraw complaint.</p> <p>_____ Staff following established procedure.</p> <p>_____ Action was taken/issue resolved.</p> | <p>_____ You failed to respond to meeting request.</p> <p>_____ Your complaint was resolved informally.</p> <p>_____ Additional information/rewriting is required.</p> |
|---|--|

EXPLANATION

--



Support Group Report

This report shall be completed in full, with thoughtful effort, and turned in the same day as the group meeting for residential participants or at the next scheduled check-in after the group meeting for EM participants. Failure to do so may result in denial of your schedule (either in general or for future meetings at the time and/or location in which you failed to provide verification), suspension of release privileges, a written non-compliance for unaccounted-for time and/or denial of incentive requests.

Date of meeting _____ Case Manager / FSC _____
Name (printed legibly) _____ Time _____
Location _____ Meeting Name _____
Name of speaker (if applicable) _____
Name of Sponsor _____ Sponsor Contact Number _____

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of AA, NA, or HA.

_____ Meeting Leader Printed Name	_____ Signature	_____ Date
--------------------------------------	--------------------	---------------

As a result of attending this meeting, I learned/ discovered:

At this point, my feelings toward this group are:

How does this meeting relate to your current treatment (if applicable)?

_____ Participant Name Printed	_____ Participant Signature	_____ Date
-----------------------------------	--------------------------------	---------------

This document is to only be used if your employer does not provide electronic timecards and has been pre-approved by the Director of Supervision Services.

EMPLOYMENT TIMESHEET

Employee

Employer

Date	Time In	Time out	Time In	Time out	Time In	Time out	Time In	Time out

SUPERVISOR NAME (PRINTED)

SUPERVISOR SIGNATURE

SUPERVISOR CONTACT NUMBER

NOTE: Times must be annotated to reflect Lunch/Dinner breaks



ADMINISTRATIVE HEARING APPEAL

INSTRUCTIONS: Type or Print clearly

Name of Participant		Housing Unit
Date of Hearing	Offense	Date of First Appeal

INSTRUCTIONS:

Appeal must first be made to the Director of Supervision Services within ten (10) working days of the hearing. The individual making the appeal will do so in Section 1 and forward to the Director of Supervision Services who will make his/her response in Section 2.

SECTION 1	
Appeal to Director of Supervision Services - Be specific in stating reason(s) for appeal	
Signature of Participant	Date

SECTION 2	
Response of Director of Supervision Services to Appeal	
Signature of Director of Supervision Services	Date

ELECTRONIC MONITORING GUIDELINES

1. Participants must follow the Agency's visitation dress code when reporting to the facility.
2. Participants will only be permitted to work in Hamilton County or any county contiguous to Hamilton County unless a Restriction Waiver is approved granting an exception.
3. Participants must maintain full-time (a minimum of 30 hours per week) employment within ten working days of intake. The sentencing court must approve any exceptions.
4. A search of the participant's person may be conducted at any time.
5. Inappropriate conduct will not be tolerated. Participants are not to touch any agency personnel or other participants for any reason.
6. If a participant destroys County or Agency property, they will be held responsible for its replacement or repair. Criminal charges may be filed.
7. Participants are not permitted in unauthorized areas of the Hamilton County Community Corrections facility.
8. Participants are expected to complete required treatment/educational services. The treatment plan will be reviewed with the Field Services Coordinator regularly, and participants will be notified of any changes. Monthly progress reports from treatment providers and monthly verification of attendance at support group meetings are required.
9. Participants will be required to carry photo identification on their person at all times and may be required to present this identification in order to gain entrance to the complex and facility.
10. Participants will inform their Field Services Coordinator of any animals at the participant's residence and secure them during field checks.
11. When home, a participant must answer the telephone and door at all times.
12. Participants must follow all safety instructions and wear all protective clothing while performing work details within and outside of the Hamilton County Community Corrections facility.
13. Schedule changes require a minimum 24-hour notice. Lack of planning does not constitute an emergency. Some requests may be denied due to lack of planning or forgetfulness on the participant's part.
14. Participants may contact their Field Services Coordinator by calling the facility. There is no need for repeated calls for messages. The participant's call will be returned as soon as possible. Leaving multiple messages can sometimes cause confusion and may extend the response time.

15. The Field Services Coordinator on-call phone is to only be used for medical emergencies and urine screen-related issues.
16. Hamilton County Community Corrections has the right to establish zones in which the participant may or may not travel. If a participant violates an established zone they may be in violation of the electronic monitoring level of supervision.
17. Any contact with law enforcement must be reported to Field Services Coordinator.
18. Participants that reside in any structure that is behind a secured, locked, or gated entrance, shall provide access or contact information to allow staff entry at any time.

BI LOC8 INSTRUCTIONS AND INFORMATION

BI LOC8® XT CLIENT GUIDE



WARNING! Do NOT charge the tracking unit while you are in water.

TO CHARGE THE TRACKING UNIT

Charge your tracking unit every morning or every night.

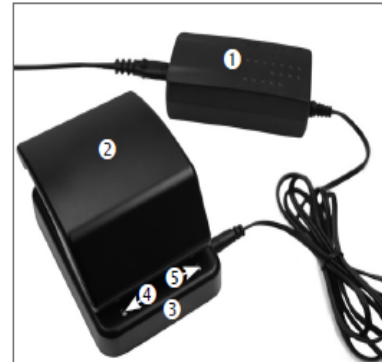
STEP 1 Plug the power supply into the wall outlet and the side of the charging station. The **PWR** LED illuminates green indicating the charging station has power.

STEP 2 Slide the recharger onto the charging station until it clicks and the **CHG** LED turns red. The recharger is fully charged when the **CHG** LED turns green.

STEP 3 Remove the recharger and slide onto the tracking unit until it locks in place. The tracking unit LED is solid red while charging.

STEP 4 The LED turns solid green when the tracking unit is fully charged and beeps to notify you of a message. Double-tap the tracking unit to hear the **BATTERY CHARGED** message, and then double-tap again.

STEP 5 Return the recharger to the charging station.



- ❶ Power Supply
- ❷ Recharger
- ❸ Charging Station
- ❹ CHG LED
- ❺ PWR LED

OFFICER INITIATED MESSAGES

The tracking unit will beep and/or vibrate when your officer has sent you one of the following messages:

- Call your officer now.
- Low battery, recharge unit.
- Please pay your fees immediately.
- Remember your appointment.
- Report to the office immediately.

ACKNOWLEDGING A MESSAGE

STEP 1 The tracking unit beeps and/or vibrates. Double-tap the tracking unit.

STEP 2 The tracking unit's internal speaker plays the message. Listen to the entire message.

STEP 3 Double-tap the tracking unit to acknowledge that you have heard the message.

STEP 4 Repeat the steps for multiple messages.

BEACON GUIDELINES

- Choose a central location in your home to install the Beacon.
- Place the Beacon three feet above the floor on a solid wooden surface. Do not place directly on the floor.
- Keep the Beacon away from mirrors, metal, appliances and out of direct sunlight.
- Do not place anything on top of the Beacon.
- Keep the Beacon plugged into a working wall outlet; the **PWR** LED should always be green.



- ❶ Recharger
- ❷ Tracking Unit

PROPER DEVICE CARE

- Properly installed, the device may be rotated from one area of your ankle to another.
- Periodically move the unit around your ankle to avoid leaving the unit in one place for an extended time period.
- Regularly clean your ankle and the unit with mild soap and water.
- If you experience discomfort or a serious skin irritation at any time, immediately notify your supervising officer.
- Footwear should not interfere with the unit and must allow unit rotation around the ankle. If you are required to wear boots, they should be loosely tied to avoid pressing the unit against your leg.

DRESS CODE FOR VISITORS

Individuals visiting the Hamilton County Community Corrections facility are expected to be properly dressed at all times. At no time shall a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. All clothing should be in good condition and not contain tears that expose parts of the body or undergarments.

1. Proper visitor attire is at the discretion of Agency personnel.
2. Visitors with inappropriate attire will immediately be asked to leave and will be subject disciplinary action.
3. Visitors are expected to wear undergarments at all times.
4. Visitors clothing shall not display drug, alcohol, gang, pornographic or racial overtones.
5. Visitors shall wear footwear at all times.
6. Visitors and their property are subject to search at the discretion of agency personnel.

PARTICIPANT RESPONSIBILITIES CONCERNING CONTRABAND

1. Participants must immediately report the presence of contraband in the facility or in their residence to agency personnel.
2. If a participant discovers he or she has inadvertently brought contraband into the facility or residence, they should contact personnel immediately to have the property secured and/or removed.
3. Participants should remove any prohibited property from their person before entering the facility. Contraband items will not be stored within the facility.

HOLIDAYS

Release privileges may be suspended on certain holidays due to security issues. The following holidays are subject to this procedure: Thanksgiving Day, Christmas Eve (after 6pm), Christmas Day, New Year's Eve (after 6pm), and New Year's Day. Participants will be notified in writing of any other dates that would follow this procedure. Agency personnel will use the following guidelines in determining who may work on the designated holidays:

1. Those that work "in the field" or travel in the course of their workday will not be permitted to work.
2. Participants must work at a stationary business location. On Christmas Eve and New Year's Eve, participants must be home by 6pm.

3. Participants must provide written verification of their work schedule from their supervisor at least one-week prior to the holiday.
4. Participants must be able to be contacted by land-line telephone.
5. The participant's supervisor must be present during the workday.
6. Field Service Coordinators will have final discretion as to who will be allowed to work on these days.

RELEASE PROCESS

Officially, the participant's time of release on the release date is 11:59 p.m. However, the week before the scheduled release, the participant and the Field Services Coordinator will discuss the release time for the participant and what will happen the day of release. All equipment must be returned to Hamilton County Community Corrections in good condition within the specified time frame. If the equipment is not returned within the allotted time, the participant may be charged with theft and/or criminal mischief.

FUNERAL/HOSPITAL REQUESTS

Requests must be submitted immediately for verification and for paperwork to be completed.

1. Participants must submit a *Restriction Waiver* to their Field Services Coordinator for approval.
2. The agency shall only consider requests concerning a participant's immediate family members.
3. Hospital requests shall only be considered under the following circumstances: birth of biological child, life-threatening illness, or major surgery.

INCENTIVES AND SANCTIONS MATRIX

Purpose: To establish an agency disciplinary code and sanctions and a schedule of incentives for positive behavior for the electronic monitoring participants.

The objective is to develop reasonable rules and regulations that are designed to encourage participants to respect the rights of others. In addition, it is also designed to encourage the self-discipline and self-control that will enable participants to remain in society and live within accepted standards.

Participants shall not be approved for incentive outings on county-observed holidays. Special exceptions shall be approved by the Program Team Leader or Designee. These requests shall

be accompanied by verification and description of the special event and will be reviewed on a case-by-case basis.

Temporary Suspension of Release Privileges

1. Participants may have their release privileges suspended during the investigation of any alleged contract rule violation or any alleged violation of a court order.
2. Participants may have their release privileges suspended for an alleged rule violation pending an administrative hearing for an alleged violation.
3. Participants may have their release privileges suspended as the result of an administrative hearing. The suspension may be part of a sanction received, or it may be as a result of the Hearing Board referring the alleged violation to the sentencing court.

Incentives with Phases

Orientation Phase

- Acknowledgement at check-in
- One hour yard time

Treatment Phase

- Bi-weekly check-in
- Community activity (two hours one time a month)
- Two extra visitors in residence
- Special shopping
- Library time
- One additional church program
- Fitness center time (maximum three times a week)

Maintenance Phase

- Community activity (four hours twice a month)

Participants shall advance one phase at a time beginning in the *Orientation Phase*. The time frame listed on the *Phase Checklist and Application* is approximate and unique to each participant. Participants in the *Maintenance Phase* who demonstrate behavior inconsistent with supervision rules may be reverted to the *Treatment Phase* for the duration of appropriate treatment.

Electronic Monitoring Incentive Guidelines

Orientation Phase

The purpose of the *Orientation Phase* is to familiarize the participant with the facility, guidelines and expectations.

1. Electronic Monitoring participants who are in the *Orientation Phase* are eligible for acknowledgement at check-in and yard time.

- a. The time is scheduled as release time on the participant's weekly schedule.
- b. The Field Services Coordinator approves the time during regular scheduling procedures.
- c. The time may not exceed one hour.

Treatment Phase

The purpose of the *Treatment Phase* is for the participant to become actively engaged in their case plan and develop the tools necessary to enhance personal growth and exhibit pro-social attitudes and beliefs.

1. The following requirements shall be met for bi-weekly check-in:
 - a. Weekly fees must be received by Hamilton County Community Corrections by 4:30 p.m. of the previous Friday.
 - b. Schedules must be provided to the Field Services Coordinator as directed.
2. The following requirements shall be met to have two additional visitors in the residence:
 - a. A visitor shall not be on probation or parole.
 - b. Alcohol or drugs shall not be present.
3. The following requirements shall be met for special shopping time:
 - a. The Field Services Coordinator approves shopping time and location during regular scheduling procedures.
 - b. Documentation from approved trip shall be submitted upon request.
4. The following requirements shall be met for library time:
 - a. The Field Services Coordinator must approve library time during regular scheduling procedures.
 - b. Participants must visit the library in their community.
 - c. Allotted time shall not exceed one hour (not including travel time).
5. The following requirements shall be met to participate in a community activity with approved individuals one time a month.
 - a. Participants shall provide a list of attendees for the community activity along with the name of the location of the activity at least 72 hours prior to the requested date (not including weekends and holidays).
 - b. The activity must be in Hamilton County unless verification of a special event in a contiguous county is provided and approved by a supervisor.
 - c. A two hour time frame (not including travel) shall will be given.
 - d. During this release time the participant shall abide by all Hamilton County Community Corrections rules and regulations.
6. The following requirements shall be met to attend an additional church program per week:
 - a. Participant shall submit a *Church Application* for approval during regular scheduling procedures.
 - b. Attendance documentation shall be submitted upon request.

7. The following requirement shall be met for a fitness center activity:
 - a. The Field Services Coordinator approves exercise time during regular scheduling procedures.
 - b. The fitness center must be within 30 minutes of home and within the county in which the participant resides.
 - c. Allotted time shall not exceed one hour (not including travel time).
 - d. The participant must be able to verify his/her attendance at the fitness center.

Maintenance Phase

The purpose of the *Maintenance Phase* for participants is to utilize the skills learned and model pro-social behavior.

1. The following requirements shall be met for attendance at a community activity:
 - a. Participant shall provide a list of attendees for the activity along with the name of the location at least 72 hours prior to the requested date (not including weekends and holidays).
 - b. The activity must be in Hamilton County unless verification of a special event in a contiguous county is provided and approved by a supervisor.
 - c. A four-hour time frame (not including travel time) shall be given.
 - d. The participant shall abide by all Hamilton County Community Corrections rules and regulations

Sanctions Matrix

Level 3 offenses:	Sanctions: (post admin. hearing)
Contract violations	Violation filed with court and/or probation
Committing an assault or battery	
Threatening others with bodily harm	
Destroying, altering or damaging property	
Tampering or interfering with EM equipment	
Counterfeiting, forging, or reproducing any official document	
Resisting or fleeing staff	
Violating a restraining order	
One or more unaccounted-for hours	
Being at an unapproved location	
Proposing a bribe to staff	
Failure to follow administrative hearing directives	
Refusal to submit to search of person/property or drug testing	
Habitual Conduct Rule Violator (three or more Level 2 violations)	
Level 2 offenses:	Sanctions: (post admin. hearing)
Disorderly conduct	Loss of up to 90 days good time credit if applicable
Unauthorized use or misuse of medication	Loss of incentives up to 45 days
Refusing to obey an order from staff	Up to ten community service work hours
Side trip violation	Special appointments with Field Services Coordinator (four to ten appointments)
Failure to follow pay agreement	Suspension of release privileges (up to seven days)
Violating handbook rules	Written reprimand
Unauthorized use of on call phone	
Late return, over 30 minutes but under one hour	
Early leave of more than 30 minutes from residence	
Possession of a device or substance designed or intended to be used to interfere with a urine test screen	
Termination from employment for cause	

Failure to attend scheduled meeting/appointment	
Failure to call the urine screen line	
Failure to follow schedule as approved	
Positive Urine Screen	
Failure to charge EM equipment	
Lying or providing false statements to staff	
Missing Soberlink test/ Submitting late Soberlink test	
Habitual Conduct Rule Violator (three or more Level 1 offenses)	
Level 1 offenses:	Sanctions: (infraction summary)
Failure to provide an acceptable urine sample within two hours	Loss of incentives up to 30 days
Being in an unauthorized area	Special appointments with Field Services Coordinator (one to three appointments)
Three or more visitors in the residence	Up to five community service work hours
Failure to provide required documentation	Written reprimand
Up to 30 minutes late return	
Up to 30 minutes early leave from residence	
Failure to answer phone or door	
Use of abusive or obscene language	
Failure to follow handbook electronic monitoring guidelines	
Failure to pay fees	
Bringing cell phone and/or contraband into check-in	

RANDOM DRUG TESTING HOTLINE INSTRUCTIONS

317-854-8316

1. Electronic monitoring participants are required to call the drug testing randomization hotline on a daily basis between 3 AM and 12 PM.
2. Participants are encouraged to create a daily reminder to call the hotline.
3. Participants will be provided with a pin/ ID number during the admissions process.
4. Participants must enter the pin/ ID number when prompted.
5. After the pin/ID number has been entered, the system will inform the participant if a drug test has been scheduled for that day.

If the participant is scheduled for a drug test:

1. Participants scheduled out, on the day of the scheduled drug test may report to the facility at any time during the course of that day.
2. Participants who are not scheduled out on a day that they are required to test:
 - a. During standard business hours (8 AM-4:30 PM) participants must call 317-776-9760 to advise staff when leaving the residence for testing.
 - b. During non-business hours or on weekends and holidays participants must call 317-220-2638 to advise staff when leaving the residence for testing.

Participants can also go to the website at mycallin.com and follow the prompts (see below).

The screenshot shows a web form titled "Drug Testing Notification System". At the top, there is a progress bar indicating "1/3 Complete". The form contains three input fields: "Drug Testing Phone Number:" with a telephone icon, "Last Name:", and "ID Number:" with a hash symbol icon. Below these fields is a blue "Next" button. At the bottom, there is a link that says "Please contact your agency with any questions. Español, clic aquí."

Hamilton County Community Corrections Treatment Program Agreement

1. Participants shall be notified in writing of dates and times of all required treatment/education classes.
2. One excused absence shall be granted for the Thinking for a Change (T4C), Aggression Replacement Training (ART), Employment Behavioral Skills and substance abuse treatment programming. A second absence shall result in a non-compliance being filed.
3. Participants required to participate in Job Readiness must attend all sessions. Any absences from Job Readiness shall result in placement in a future class and possible disciplinary action.
4. Absences from the Financial Management course shall constitute removal from class, possible disciplinary action and placement in a future class.
5. Excused absences shall be handled on a case-by-case basis for High School Equivalency Program.
6. Participants must notify the Director of Quality and Compliance of any requests for excused absences.
7. Excused absences shall only be granted under special circumstances as deemed legitimate by the Director of Quality and Compliance or designee. Special circumstances may include medical emergency, serious illness of children and funerals.
8. Employment related issues are not considered as a legitimate reason for missing class.
9. Participants must provide documentation for approved absences.
10. Instructors are not to excuse participants from class unless a participant is physically ill. The Director of Quality and Compliance should be notified of any participant removed from class for this reason.
11. Participants with any absence must arrange a time with the instructor to make up required material.
12. Probation Officers, Case Managers and Field Services Coordinators shall be notified of any absences the next business day.
13. Participants are not permitted to take any food or drink item into the classrooms.
14. Participants are not permitted to leave during class for any reason.
15. Participants are to bring all necessary materials to class i.e., pens/pencils, folder/paper/homework.
16. Participants are to complete all homework as assigned.
17. Participants are to follow the department dress code.
18. Participants are to be on time for class; after five minutes the participant will be considered late and not allowed into the classroom.
19. All participants are required to bring and show valid photo identification at the processing desk at check in.
20. Participants that are arriving from outside the facility shall be required to clear a metal detector and are subject to a search of their person and possessions.

My signature below indicates that I have fully read and fully understand all terms of the Hamilton County Community Corrections Treatment Programs.

Printed Name

Signature

Date

Updated 12/21/20

Hamilton County Community Corrections Handbook Receipt

I, _____, hereby acknowledge receipt of the Hamilton County Community Corrections Electronic Monitoring Handbook. The handbook has been read and explained to me and contains the rules governing my conduct while under Hamilton County Community Corrections supervision. If a revision takes place, it will be properly posted and distributed, and I will need to conduct myself according to the change made.

Signed: _____

Rules delivered by: _____

Time and date: _____